

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Stallatun Primary Registration District No. 5276A
City North Kansas City, Mo. (No. Mo.) (Ward None)
St. _____ (Ward _____)

File No. 33966

Registered No. _____

2. FULL NAME

Robert Louis Pernds
(a) Residence, No. 1208 E 23rd St Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED OR DIVORCED (OR) WIFE OF Widow
Husband Nellie Pernds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>5</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

13. NAME Robert Louis Pernds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

15. MAIDEN NAME Mollie Faggatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ed Britt (ADDRESS) 1208 East 23rd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Southwell, Mo DATE Sept 20 1937

19. UNDERTAKER Morton Funeral Home (ADDRESS) North Kansas City, Mo.

20. FILED 10-11 19 37 Viola C. Smoyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 19 37, to Sept -18 19 37

I last saw him alive on Sept 18 19 37 Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

Asthma
Chr. Myocarditis

Date of onset 1930

1935

Intestinal Obstruction

9/17/37

Other contributory causes of importance:
Insuperable, bilateral inguinal hernia

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harry R. Staley M. D.
(Address) North Kansas City, Mo.

Res. L.M.A.

